MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013822

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED APR 8 1963

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3537

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Iowa — b. COUNTY
c. CITY OR TOWN: Keokuk — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 226½ Concert St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First TRESSIE — Middle H. — Last SEXSMITH

4. DATE OF DEATH: Month MARCH — Day 26 — Year 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/23/1890

9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: school teacher

11. BIRTHPLACE (City and state or country): West Libert, Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ed Sexsmith

13b. MOTHER'S MAIDEN NAME: Esther Hirst

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates o

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Janet Bierman #5 Schireford Ferguson Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe...)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA OF THYROID — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1944

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2/27/63 to 3/26/63 and last saw her/him alive on 3/26/63
Death occurred at 3:40 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Vermillion M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 3/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 3/27/63

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Keokuk, Iowa

24. FUNERAL DIRECTOR — ADDRESS: Lupton Chapel, Inc 7233 Delmar

25. DATE RECD. BY LOCAL REG.: MAR 27 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	$2140.28		X
3			
4	1		
5	0		
6			
7	1		
8	1		
9			
10			
11			
12	52	52-0	
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arnold A. Schoen

Signature of Student Embalmer

Licensed Embalmer No. 5864

P. O. Address St Rosa Sask

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.